Medi-Cal Managed Care Division

state of california

Medi-Cal Managed Care External Quality Review Organization

Report of the

2005 Annual Review Santa Barbara Regional Health Authority

Submitted by

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Improving Healthcare in the Communities We Serve.

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2005 Annual Review: Santa Barbara Regional Health Authority

Introduction

The California Department of Health Services (DHS) is charged with the responsibility of evaluating the quality of care provided to Medi-Cal recipients enrolled in contracted Medi-Cal managed care plans. To ensure that the care provided meets acceptable standards for quality, access, and timeliness, DHS has contracted with the Delmarva Foundation for Medical Care, Inc. (Delmarva) to serve as the External Quality Review Organization (EQRO).

Following federal requirements for an annual assessment, as set forth in the Balanced Budget Act of 1997 and federal EQRO regulations, Delmarva has conducted a comprehensive review of Santa Barbara Regional Health Authority to assess the plan's performance relative to the quality of care, timeliness of services, and accessibility of services.

For purposes of assessment, Delmarva has adopted the following definitions:

- **Quality**, stated in the federal regulations as it pertains to external quality review, is defined as "the degree to which an MCO or PIHP increases the likelihood of desired health outcomes of its recipients through its structural and operational characteristics and through the provision of health services that are consistent with current professional knowledge" ("Final Rule: External Quality Review", 2003).

- **Access** (or accessibility) as defined by the National Committee for Quality Assurance (NCQA), is the "timeliness in which an organization member can obtain available services. The organization must be able to ensure accessibility of routine and regular care and urgent and after-hours care" ("Standards and Guidelines", 2003).

- **Timeliness** as it relates to Utilization Management (UM) decisions is defined by NCQA as when "the organization makes utilization decisions in a timely manner to accommodate the clinical urgency of the situation. The intent is that organizations make utilization decisions in a timely manner to minimize any disruption in the provision of health care" ("Standards and Guidelines", 2003). An additional definition of timeliness given in the National Health Care Quality Report "refers to obtaining needed care and minimizing unnecessary delays in getting that care" ("Envisioning the National Health Care", 2001).

Although Delmarva's task is to assess how well Santa Barbara Regional Health Authority performs in the areas of quality, access, and timeliness. Therefore a measure or attribute identified in one of the categories of quality, access or timeliness may also be noted under either of the two other areas.

Methodology and Data Sources

Delmarva utilized four sets of data to evaluate Santa Barbara Regional Health Authority's (SBRHA) performance. The data sets are as follows:

- 2004 Health Plan Employer Data and Information Set (HEDIS®) is a nationally recognized set of performance measures developed by the National Committee for Quality Assurance (NCQA). These measures are used by health care purchasers to assess the quality and timeliness of care and service provision to members of managed care delivery systems.
- 2004 Consumer Assessment of Health Plan Satisfaction (CAHPS),Version 3.0H, is a nationally employed survey developed by NCQA. It is used to assess managed care members' satisfaction with the quality, access and timeliness of care and services offered by managed care organizations. CAHPS offers a standardized methodology that allows potential managed care beneficiaries to compare health plans. This comparison is designed to help the potential beneficiary select a health plan that offers the quality and access to care compatible with their particular preferences.
- Summaries of plan-conducted Quality Improvement Projects (QIPs).
- Audit and Investigation (A&I) Medical Audits – conducted by the Audit and Investigation Division of DHS to assess compliance with contract requirements and State regulations.

Background on Santa Barbara Regional Health Authority

Santa Barbara Regional Health Authority (SBRHA) is a full service health plan contracted by California Department of Health Services (CDHS) in Santa Barbara County as a county organized health system (COHS). For SBRHA's Medi-Cal product, SBRHA is exempt from the provisions of the Know-Keene Health Care Service Plan Act of 1975, Chapter 22(commencing with Section 1340 of Division 2 of the Health and Safety Code. For all of SBRHA's non-Medi-Cal products, the Plan has been licensed in accordance with the provisions of the Knox-Keene Health Care Service Plan Act since June 22, 2000. As of July 2003, SBRHA's total Medi-Cal enrollment was 51,306 members.

During the HEDIS reporting year of 2004, SBRHA collected data related to the following clinical indicators as an assessment of quality:

- Childhood Immunizations
- Breast Cancer Screening
- Cervical Cancer Screening
- Chlamydia Screening
- Use of Appropriate Medications for People with Asthma

To assess member satisfaction with care and services offered by SBRHA, the CAHPS survey, version 3.0 H was fielded among a random sample of health plan beneficiaries. The survey was administered to adults and parents of children for whom SBRHA provides insurance coverage. Within the sample of children selected is a subset population of children who are identified as having chronic care needs (CSHCN population). This population differentiation provides regulators and other interested parties an understanding regarding whether children with more complex needs experience differences in obtaining care and services compared to children within the Medi-Cal population.

With respect to the Quality Improvement Projects, SBRHA submitted the following for review:

- Decreasing Inappropriate Antibiotic Prescribing
- Improving Performance of Clinical Services and Outcomes for Members with Diabetes
- Well Adolescent Exams
- Decreasing Emergency Room Use through Member Education

The health plan systems review for SBRHA reflects joint findings assessed by DHS and the Department of Managed Health Care (DMHC). This review covers activities performed by the health plan from July 2001 to June 2002 and was conducted July 29 –August 1, 2002. This process includes document review, verification studies, and interviews with SBRHA staff. These activities assess compliance in the following areas:

- Utilization Management
- Continuity of Care
- Availability and Accessibility
- Member Rights
- Quality Management
- Administrative and Organizational Capacity

Delmarva also reviewed the results of a routine monitoring review conducted by the DHS Medi-Cal Managed Care Division, Plan Monitoring/Member Rights Branch. The focus of this review covers services provided from April 2001 – September 2001, was to assess how well member grievances and prior authorizations are processed and monitored. Additionally, Delmarva evaluated the cultural and linguistic services offered by SBRHA.

Quality At A Glance

HEDIS®

The HEDIS areas assessed for clinical quality can be found on page three of this report.
The table below shows the aggregate results obtained by SBRHA.

Table 1. 2004 HEDIS Quality Measure Results for Santa Barbara Regional Health AuthorityHealth Plan

HEDIS Measure	2004 SBRHA Rate	Medi-Cal Managed Care Weighted Average	2004 National Medicaid HEDIS Average
Childhood Immunization Status-Combo 1	79.6%	64.7%	61.8%
Breast Cancer Screening	60.2%	53.1%	55.8%
Cervical Cancer Screening	64.5%	60.8%	63.8%
Chlamydia Screening in Women	53.1%	38.5%	45.0%
Use of Appropriate Medications for People with Asthma	68.7%	61.0%	64.2%

Santa Barbara Regional Health Authority (SBRHA) exceeded the Medi-Cal managed care average and the National Medicaid HEDIS average for all measures. Additional data received from SBRHA indicated that the Plan's Childhood Immunization rate exceeded the 90th percentile for each antigen and combination of antigens that comprise the Childhood Immunization measure. CDHS may want to share SBRHA's methodology for outreach and communication to parents regarding immunizations to other health plans not meeting the Medi-Cal average for this measure.

CAHPS® 3.0H

As can be expected, Medi-Cal enrollees' perceptions of the quality of care received are closely related to their satisfaction with providers and overall health care services. Therefore, the CAHPS survey also questioned parents of SBRHA enrollees regarding their satisfaction with care. Also surveyed was a subset of the SBRHA childhood population who has special health care needs. They are reflected by the CSHCN notation in the table. The non CSHCN reflects the parents' response for children in the SBRHA population not identified as having chronic care needs.

Table2. 2004 CAHPS Quality Measure Results for Santa Barbara Regional Health AuthorityHealth Plan

CAHPS Measure	Population	2004 SBRHA Rate	2004 Medi-Cal Average
Getting Needed Care	Adult	76%	69%
	Child	77%	77%
	CSHCN	71%	N/A
	Non-CSHCN	83%	N/A
How Well Doctors Communicate	Adult	61%	51%
	Child	51%	52%
	CSHCN	52%	N/A
	Non-CSHCN	53%	N/A

CAHPS data reveals that the perception of getting needed care is slightly more favorable for the child population than for the adult population. However, SBRHA's child rate equaled the Medi-Cal average whole the adult rate exceeded the Medi-Cal average. Also noteworthy, parents of children with special health care needs (CSHCN) report less satisfaction with "Getting Needed Care" than their non-CSHCN Medi-Cal peers. The finding of lower satisfaction with this group highlights the need for SBRHA's practitioner network's to enhance its sensitivity to the needs of this more vulnerable population.

Review of data indicating members' perception of "How Well Doctors Communicate" demonstrates that SBRHA members perceive that practitioner communication is generally favorable. The SBRHA adult rate exceeds the Medi-Cal average whole the child rate fell slightly below the Medi-Cal average. The finding that parents of the CSHCN population have a slightly lower rate of satisfaction with communication than parents of non-CSHCN Medi-Cal children may serve as an early indicator for SBRHA to assess if intervention is needed to prevent a trend of dissatisfaction among this population.

Quality Improvement Projects

In the area of Quality Improvement Projects (QIPs), SBRHA used the quality process of identifying a problem relevant to their population, setting a measurement goal, obtaining a baseline measurement and performing targeted interventions aimed at improving the performance. However, after the re-measurement periods, qualitative analyses often identified new barriers that impacted Santa Barbara Regional Health Authority's success in achieving its targeted goal. Thus, quality improvement is an ever-evolving process that may not be actualized due to changes in the study environment from one measurement period to the next.

The quality improvement projects (QIP) performed by Santa Barbara Regional Health Authority can be found on page three of this report. The following section provides a synopsis of each QIP undertaken by SBRHA.

Decreasing Inappropriate Antibiotic Prescribing

- Relevance:
  - A 2002 study of antibiotic prescribing practices demonstrated that 77-97% of members with a diagnosis of tonsillitis or laryngitis and 51-80% of patients with upper respiratory infection or common cold received antibiotics.
  - The literature is rife with consequences of antibiotic overuse and abuse.
- QIP Goal:
  - To decrease inappropriate antibiotic prescribing practices.
- Best Interventions:
  - Santa Barbara Regional Health Authority (SBRHA) has been participating in the long-term collaborative Alliance Working for Antibiotic Resistance Education (AWARE) initiated by the California Medical Association (CMA).
  - Since January 2001, several public and provider education sessions and materials have been distributed and attended by SBRHA members and providers.
- QIP outcomes:
  - Baseline outcomes are not yet available (will be provided after HEDIS 2005 reporting).
- Attributes/Barriers related to Outcomes:
  - AWARE and its collaborative members have postulated several barriers including: members' possible lack of knowledge regarding proper antibiotic use; literacy issues that may impact understanding; varying levels of knowledge and resources among local health agencies; and, providers' possible lack of the latest information about clinical issues.

Improving Performance of Clinical Services and Outcomes for Members with Diabetes

- Relevance:
  - Diabetes is a large national, regional and local problem with about 70% of Santa Barbara Regional Health Authority's population belonging to groups with a heavier than normal risk for developing diabetes, including the elderly or high-risk racial and ethnic populations.
  - A 1999 pharmacy study identifying members who were prescribed medications for diabetes revealed that SBRHA's number of persons with diabetes might be twice as high as national estimates.
- QIP Goal:
  - To improve performance of clinical services and outcomes for members with diabetes.
- Best Interventions:
  - Reminder phone calls the night before scheduled visits.
  - Diabetes SMART Program provider incentive payment for process and outcome measures.

- SBRHA negotiated electronic submittal of clinical outcomes data from high-volume laboratory vendors on a monthly basis.
- High-risk member reporting to primary care providers identifying HbA1C and/or LDL values greater than or equal to HEDIS defined thresholds.

➢ Outcomes:

- Significantly improved over the 5-year study period, and, for most measures, the improvements are being sustained.
- HbA1c Test – improved for re-measurements 2 through 4, with significant improvement in 2 and 4 (HEDIS 2004 Rate – 87.50%).
- HbA1c Level – steady improvement from baseline through 2 re-measurements, but dropped slightly in re-measurements 3 and 4 due to methodological changes in HEDIS 2004 that required plans to abandon the prior measurement threshold of 9.5% and instead measure A1c levels against a more challenging threshold of 9.0% (HEDIS 2004 Rate – 30.56%).
- Retinal Exam – significant improvement during re-measurements 1 and 2, slight drop in 3, and considerable decrease in 4 ALSO attributed to changes in HEDIS specifications) HEDIS 2004 Rate – 75.93%).
- LDL Test – improved in every period (HEDIS 2004 Rate – 90.51%).
- LDL Result <130 –HEDIS 2004 Rate 63.19%.
- LDL Result <100 –HEDIS 2004 Rate 34.95%.
- Nephropathy Monitoring – significant gains every year until re-measurement 4 when a sizeable drop in rate occurred (numerator time frame was reduced from 2 years to 1 year; also attributed to changes in HEDIS specifications) (HEDIS 2004 Rate – 67.36%).

➢ Attributes/Barriers related to Outcomes:

- Barrier: Patients lack knowledge about their disease and the necessity for monitoring and treatment.
- Barrier: Medical office staffs' lack knowledge about diabetes and frequent staff turnover make periodic re-education a necessity.
- Barrier: Medical offices have inadequate or no recall/reminder systems.
- Barrier: Providers often have inadequate resources to track high-risk and noncompliant patients.
- Barrier: Member transportation issues.
- Barrier: Claims and encounter data did not contain laboratory results.

Adolescent Well Exams:

➢ Relevance:

- Approximately 8,000 Medi-Cal members are in the adolescent age range; the rate for annual well adolescents peaked at approximately 31% in HEDIS 2002 and has seen decline since.

➢ QIP goal:

- To analyze factors that may be contributing to the declining well-adolescent visit rate.

- Best Interventions:
  - Created a list of "teen-friendly" PCPs to be used by Member Services for assigning teen members upon member's request.
  - Reminder cards mailed to 6,000 parents whose teen had not had a well-adolescent exam.
  - Created a well visit form that incorporated all required components of preventive health services.
  - Teen Resource Guide printed and distributed to teen-friendly PCPs and community groups serving teens.
  - Issued a four page teen newsletter that was mailed to all teen members. Will be sent 2x/year.
  - Provider training on "Confidentiality and Adolescent Health" attended by 29 provider staff representing 12 provider sites.
- Outcomes:
  - Baseline – goal not achieved (CY 2003)
  - Re-measurement 1 – increase of greater than six percentage points but goal not achieved (CY2004)
  - Re-measurement 2 – significant drop from re-measurement 1.
  - Re-measurement 3 – further drop from re-measurement 2 (1.5 percentage points)
- Attributes/Barriers to Outcome Goals:
  - Barrier: SBRHA is one of only two Medi-Cal managed care programs that do not administer the CHDP Program, and therefore do not have access to timely and complete pediatric preventive care data for its health plan members. The carve-out of the CHDP Program from SBRHA's administrative responsibility and resulting lack of timely CHDP data is a significant barrier to quality management.
  - Barrier: CHDP periodicity adherence is different than preventive care guidelines.
  - Barrier: Teen may seek confidential services at Planned Parenthood or are referred to Planned Parenthood by some pediatrician offices. SBRHA has no access to claims data if teens do not identify themselves as Medi-Cal members.
  - Barrier: Providers may fail to provide or document anticipatory guidance at all visits; visits may not be billed using appropriate CPT codes.

Decreasing Emergency Room Use through Member Education (New Proposal)

- Relevance:
  - Twenty-six percent of SBRHA case-managed population used the emergency room in 2003, 13,246 members accounted for 25,090 visits. These members average nearly two visits (1.89 visits) to the emergency room in 2003.
- QIP Goal:
  - To decrease emergency room use.
- Best Interventions:

- This is a newly proposed quality improvement project

➢ Outcomes:

- This is a newly proposed quality improvement project with implementation beginning May 1, 2005.

➢ Attributes/Barriers to Outcomes:

- This is a newly proposed quality improvement project with implementation beginning May 1, 2005.

Table 3 represents the Quantitative Results of each QIP.

Table 3: Quality Improvement Project Performance Results- Santa Barbara Regional Health Authority

Health Plan	PIP Activity	Indicator	Baseline	Re-measurement		
				#1	#2	#3
Santa Barbara Regional Health Authority	Decreasing Inappropriate Antibiotic Prescribing	1. Appropriate Treatment for Children with Upper Respiratory Infection (URI) 2. Appropriate Testing for Children with Pharyngitis (CWP)	Data collection and analysis will occur after HEDIS 2005 reporting			
	Improving Performance of Clinical Services and Outcomes for Members with Diabetes	1. HbA1C Test 2. HbA1C Uncontrolled 3. Diabetic Retinal Exam 4. Low Density Lipoprotein (LDL) Test 5. LDL Result <130 6. LDL Result <100 7. Nephropathy Monitoring *See Outcomes Section for 2003 Rates.	1999 • 74.11% • 39.90% • 68.65% • 68.88% • 41.57% • N/A • 48.69%%	2000 • 72.71% • 35.02% • 75.36% • 76.57% • 53.38% • N/A • 54.83%	2001 • 85.05% • 26.96% • 83.09% • 87.25% • 62.01% • N/A • 74.51%	2002 • 85.82% • 28.61% • 81.96% • 90.21% • 63.66% • N/A • 81.96%
	Adolescent Well-Exams	1. Percentage of adolescents receiving preventive care services during the calendar year	CY 2003: 26.16%	CY 2004 32.41%		
	Decreasing Emergency Room Use through Member Education	Implementation of this QIA to begin May 1, 2005. The first report to Delmarva will occur July 1, 2006 reporting on 2005 scores.				

Audit and Investigation (A&I) Findings

Delmarva reviewed the results of the joint audit performed by DHS and the Department of Managed Health Care (DHMC). Within the audit and investigation component of the quality review, SBRHA was assessed specifically in the following areas:

- Quality Management Review Requirements
  - Qualified Providers
  - Program Description and Structure
  - Administrative Services
  - Delegation of QIP Activities
- Member's Rights
  - Grievance Systems
- Continuity of Care
  - Coordination of Care: Within the Network
  - Coordination of Care: Outside the Network/Special Arrangements
  - Initial Health Assessment
  - Referral Follow-Up Care System

SBRHA was found to have opportunities for improvement in the areas of qualified providers, program description and structure, administrative services and grievance systems. Additionally, opportunities for improvement were also identified related to coordination of care outside the network and for special arrangements, specifically for members with developmental disabilities. Within six months, SBRHA addressed all identified deficiencies to the Department's satisfaction.

Summary of Quality

In summary, SBRHA demonstrates a quality-focused approach in administering care and services to its members. The plan demonstrates an integrated approach to working with its members, practitioners, providers and the internal health plan departments to improve overall healthcare quality and services.

Access At A Glance

Access to care and services has historically been a challenge for Medi-Cal recipients enrolled in fee-for-service programs. One of the Medi-Cal Managed Care Division's (MMCD) goals is to adequately protect enrollee access to care. Access is an essential component of a quality-driven system of care. The findings in regards to access are displayed in the following sections.

HEDIS®

Looking at access from a HEDIS perspective, access and availability of care are addressed through the Prenatal and Postpartum Care HEDIS measure. Two rates are calculated for this measure, the timeliness of prenatal care and the completion of a postpartum check-up following delivery.

Table 4: 2004 HEDIS Access Measure Results for Santa Barbara Regional Health Authority Health Plan

HEDIS Measure	2004 SBRHA Rate	Medi-Cal Managed Care Weighted Average	2004 National Medicaid HEDIS Average
Timeliness of Prenatal Care	89.8%	75.7%	76.0%
Postpartum Check-up Following Delivery	78.4%	55.7%	55.2%

Santa Barbara Regional Health Authority (SBRHA) scored above the Medi-Cal managed care average and the National Medicaid HEDIS average for the "Timeliness of Care" rate and for the "Postpartum Check-up Following Delivery" rate. Postpartum care is impacted by the health plan's access to correct demographic information for outreach to postpartum members. These results regarding access appear to be strengths for SBRHA.

CAHPS®

Table 5. 2004 CAHPS Access Measure Results for Santa Barbara Regional Health Authority Health Plan

CAHPS Measure	Population	2004 SBRHA Rate	Medi-Cal Managed Care Average
Getting Care Quickly	Adult	45%	35%
	Child	41%	38%
	CSHCN	40%	N/A
	Non-CSHCN	42%	N/A

Findings from 2004 indicate that SBRHA exceeded the Medi-Cal managed care average for both adults and children in this measure. However, it is important to note that children with special health care needs (CSHCN) and the non-CSHCN Medi-Cal children's population have different rates of satisfaction with access. When considered with the CAHPS quality assessment for getting care when needed, one may deduce that the CSHCN population is less satisfied with their ability to obtain urgent care compared to their ability to obtain urgent/emergent care. We can infer from these results that the area of access pertaining to this measure offers opportunities for improvement.

Quality Improvement Projects

Santa Barbara Regional Health Authority performed QIPs that addressed clinical quality. However, within the barrier analyses for each project, potential access barriers were frequently identified. The identification of these access barriers is followed by interventions targeted to improve access. Several of the QIP activities identified access as a barrier in the performance of the qualitative analysis of their projects. Actions were then taken to ameliorate or when possible, eliminate the identified access barrier. For examples of access barriers identified, refer to the quality section discussion of QIP activities: attributes/barriers to outcomes.

Audit and Investigation (A&I) Findings

Delmarva reviewed the results of the joint audit performed by DHS and DMHC. This audit covered health plan activity from 2001 to 2002 and encompassed a compliance review considering the following requirements which represent proxy measures for access:

- Member's Rights
  - Cultural and Linguistic Services
  - Primary Care Physician
  -
- Availability and Access
  - Access To Medical Care
  - Access To Emergency Services
  - Access To Specific Services

After completion of the review, DHS/DMHC, identified opportunities in the area of access to medical care and specific services. Additionally, opportunities for improvement were also identified which were related to cultural and linguistic services. To address these opportunities, DHS/DMHC conducted active oversight of SBRHA's corrective action process. SBRHA effectively implemented recommendations related to Access Review Requirements and corrected each identified opportunity within six months of the final report findings.

Summary of Access

Overall, access is an area where continued work towards improvement occurs.. Combining all the data sources used to assess access, SBRHA addressed each area identified for improvement during the A&I audit. SBRHA corrected each identified issue and attained compliance with the access standards required by DHS/DMHC. Access to women's health services is an area that demonstrates a strength for SBRHA.

Timeliness At A Glance

Access to necessary health care and related services alone is insufficient in advancing the health status of Medi-Cal managed care enrollees. Equally important is the timely delivery of those services. The findings related to timeliness are revealed in the sections to follow.

HEDIS®

Timeliness of care is assessed using the results of the HEDIS Adolescent Well Care Visits and Well Child Visits in the First 15 Months of Life, as well as the DHS developed Blood Lead Level Testing measure. All Medi-Cal managed care plans were required to submit these measures.

Table 6: 2004 HEDIS Timeliness Measure Results for Santa Barbara Regional Health AuthorityHealth Plan

HEDIS Measure	2004 SBRHA Rate	Medi-Cal Managed Care Weighted Average	2004 National Medicaid HEDIS Average
Well Child Visits in the First 15 Months of Life - 6 or more visits	64.0%	48.7%	45.3%
Adolescent Well-Care Visits	26.2%	33.9%	37.4%
Follow-Up Rate for Children with elevated BLL at 24 Months	No cases reported	53.7%	N/A
Follow-Up Rate for Children with elevated BLL at 27 Months	No cases reported	33.1%	N/A

The "Well Child Visits in the First 15 Months of Life; 6 or more visits" measure exceeded both the Medi-Cal managed care average and the National Medicaid HEDIS average. Additionally, SBRHA submitted information indicating their rate exceeded the National Medicaid HEDIS 90th percentile. However, the "Adolescent Well-Care Visits" measure fell below both comparison averages. When looking at this data compared to the HEDIS childhood immunization results for SBRHA, it is explicable that the rates are found to be high for both measures (Childhood Immunization Status versus Well Child Visits in the First 15 Months of Life- 6 or more visits). These findings lead one to infer that practitioners performed a higher rate of well child visits which is likely related to the high rate of childhood immunizations. There is a demonstrated need for improvement in the adolescent well care visit area. However SBRHA recognizes this need as they have a focused improvement activity toward improving the rate of well adolescent visits.

CAHPS®

Member satisfaction scores related to timeliness of services are addressed in two composite ratings calculated as part of the CAHPS survey: Courteous and Helpful Office Staff and Health Plan's Customer Service

Table 7. 2004 CAHPS Timeliness Measure Results for Santa Barbara Regional Health AuthorityHealth Plan

CAHPS Measure	Population	2004 SBRHA Rate	2004 Medi-Cal Average
Courteous and Helpful Office Staff	Adult	65%	54%
	Child	55%	53%
	CSHCN	53%	N/A
	Non-CSHCN	55%	N/A
Health Plan's Customer Service	Adult	63%	70%
	Child	73%	75%
	CSHCN	64%	N/A
	Non-CSHCN	79%	N/A

Members' perception of courteous and helpful office staff generally impacts utilization of services. SBRHA adult rate for this measure reveal that office staff is more helpful when compared to the general Medi-Cal population. The child rate was found to be slightly above the Medi-Cal average. However, the CSHCN rate for this measure fell slightly below the non-CSHCN rate. It is noteworthy that parents of children with chronic care needs find office staff slightly less courteous and helpful than their non-CSHCN Medi-Cal peers. This could potentially be important as this population often requires more guidance from office staff in order to avoid crisis care management. All child populations express greater satisfaction with Health Plan Customer Service Staff as compared to office staff. SBRHA may want to conduct further investigation to determine if this observation merits additional interventions to prevent long term dissatisfaction. If further investigation demonstrates that this finding is factual, the plan may want to consider using health plans staff to work with office staff since satisfaction with this health plan staff is generally higher.

Quality Improvement Projects

Timeliness was a focal area of attention in most of the QIPs. Member-focused efforts consisted of assuring that members were reminded of preventive services prior to the age range when the services are due. SBRHA used a variety of mechanisms to address timeliness, including disseminating preventive health guidelines to members and clinicians and providing evidence-based literature to the practitioner network. Practitioner barriers related to timeliness issues focus upon the lack of timely provision of care or services due to missed opportunities.

Issues related to timeliness of services may very likely be impacted by access. SBRHA acknowledged the relationship between timeliness and access within the barrier analysis of the QIP where access was often identified as a barrier. If care or service cannot be obtained, timely provision of the needed service is unlikely. The interdependence of access and timeliness is further illustrated in all QIPs that are HEDIS-related and focus upon services received (access) as well as the timeframe in which the service was provided (timeliness).

Audit and Investigation (A&I) Findings

Delmarva's review of DHS/DMHC's plan survey activity from 2001-2002 evidenced that the following review requirements were monitored and reflect adequate proxy measures for timeliness:

- Utilization Management
  - Prior Authorization Review Requirements
  - Prior Authorization Appeal Process

DHS/DMHC assessed timeliness review requirements and made recommendations for improvement related to prior authorization review requirements. SBRHA effectively addressed issues identified in the Utilization Management Process and corrected identified deficiencies within six months to the Department's satisfaction.

Summary for Timeliness

Timeliness barriers are often identified as access issues. SBRHA addressed timeliness in many of the QIPs. Each HEDIS quality measure combines the receipt of the service with the timeframe for provision of the service. Both elements must be met to achieve compliance. Since most of the QIPs focus upon HEDIS-related topics and methodology, SBRHA demonstrates an awareness of the importance of timeliness in the provision of overall quality care and service.

Overall Strengths

Quality:

- Commitment of SBRHA management staff towards quality improvement as evidenced by the rapid response and resolution of the deficiencies cited during the audit and investigation reviews.
- Improvement demonstrated in the retinal eye screening, LDL monitoring and control and nephropathy screening within the diabetes care measures.
- General precise documentation within the QIP that defines the problem under study, indicator measures and the tri-focal approach to interventions taken to attain improvement followed by reassessment for improvement.

Access:

- SBRHA scored well above both the Medi-Cal average as well as the Medicaid average for timeliness of prenatal care as well as postpartum exams after delivery.
- Recognition of the importance of access to the overall delivery of quality care.

Timeliness:

- SBRHA exceeded both the Medi-Cal average as well as the National Medicaid average for 15 month childhood visits..
- SBRHA's recognition of the interdependence of access and timeliness for improvement of care and/or services to be realized.

Recommendations

- Perform root cause analysis to understand barriers to obtaining improvement in quality improvement activities.
- Conduct follow-up assessments of the perception of the intended audience receiving educational endeavors. Follow-up with practitioners and/or members to determine if educational materials were effective toward attaining the desired behavior or outcome.
- Perform periodic monitoring within areas identified in the medical audit as deficient to make certain that the actions undertaken to correct the issues remain effective.
- Perform further investigation of low satisfaction areas identified by CAHPS.
- Assess the disparities in quality of care and/or services among differing ethnic populations within the managed care membership. Understanding this phenomenon will enable focused resource allocation.
- Perform interventions such as random sample surveys to understand if members' perceptions of their ability to access care when needed has an impact upon the actual receipt of timely care or service.
- Coordinate activities between quality and provider relations staff to enhance the likelihood of compliance with timeliness standards.

Recommendations that have been implemented independent of the EQRO feedback should be viewed as information only and be continually monitored by the health plan for assessment of improvement to be included in next year's plan specific report

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